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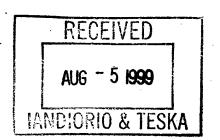
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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.

107741,597 11701796 WILSMAN R FM-1473

IANDIORIC & TESKA 260 BEAR HILL ROAD WALTHAM MA 02154



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EXAMINER
WOODS, D

ART UNIT PAPER NUMBER

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

Interview Summary

Application No. 08/741,597

Applicant(s)

Richard M. Wiesman

Examiner

Davetta Woods

Group Art Unit 2736



Ali pa	ticipants (applicant, applicant's representative, PT)	O personnel):	
(1) <u>D</u> é	vetta Woods	(3)	
(2) <u>Jo</u>	seph S. landiorio	(4)	
	of Interview		
Туре:	▼ Telephonic □ Personal (copy is given to)	☐ applicant ☐ applicant's represer	ntative).
Exhibi	shown or demonstration conducted: Yes	X No. If yes, brief description:	
	ment		
	cation of prior art discussed:		
Descri		g withdrawn and a second non-final re	jection will be forthcoming.
the cla is avail 1. Unless LAST (Section	or description, if necessary, and a copy of the amen ms allowable must be attached. Also, where no coable, a summary thereof must be attached.) It is not necessary for applicant to provide a separathe paragraph above has been checked to indicate OFFICE ACTION IS NOT WAIVED AND MUST INCL. 713.04). If a response to the last Office action has	ndments, if available, which the examinopy of the amendents which would remarked record of the substance of the intention to the contrary, A FORMAL WRITTEN UDE THE SUBSTANCE OF THE INTERNALS as already been filed, APPLICANT IS G	ner agreed would render nder the claims allowable erview. RESPONSE TO THE VIEW. (See MPEP
2.	Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the interview unless box 1 above is also checked.		
Examine	Note: You must sign and stamp this form upless it is an a	ttachment to a signed Office setic-	EDWARD LEFKOWITZ PRIMARY EXAMINER

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